

New Work Injuries
Monday-Saturday 8am-8pm



Occ-Med Employer Services
Monday-Friday 8am-5pm

Employee Name: _____ Date: _____

****Important Information (Please Complete)**

Date of Injury _____
Time of Injury _____
Describe the Injury _____

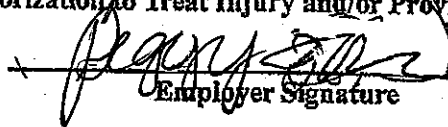
Company | Los Altos Recreation
City/State | Los Altos, CA
Contact | Tamara Oskoui, 650.947.2727

Is Modified Duty Available? ☐ Yes ☐ No

****Please Provide the Following Employer Services**

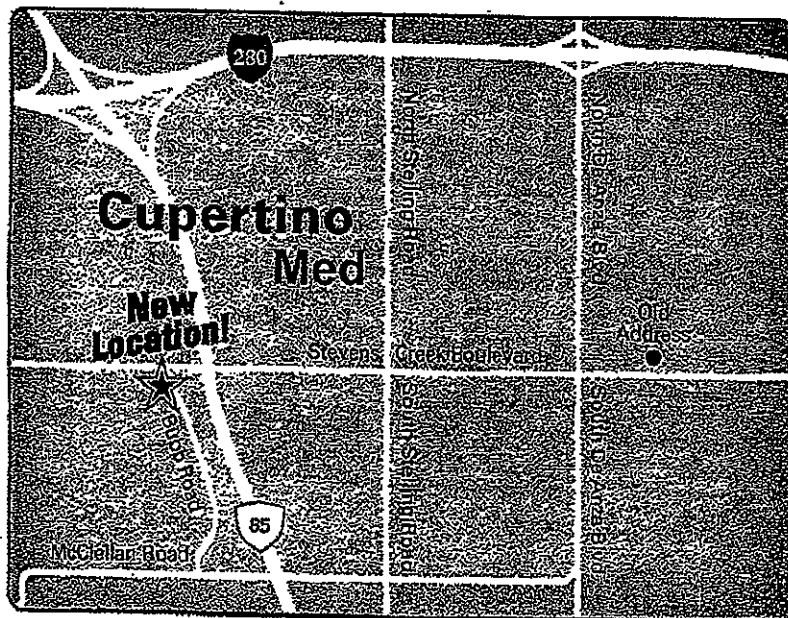
- ☐ Post Accident Drug Test
- ☐ Reasonable Suspicion Drug Screen
- ☐ Random Drug Screen
- ☐ Urine Drug Test ☐ DOT ☐ Non-DOT
- ☐ Urine Drug Screen (Instant -5 Panel)
- ☐ Breath Alcohol Test ☐ DOT ☐ Non-DOT
- ☐ Physical Exam ☐ DOT ☐ Non-DOT
- ☒ TB Skin Test
- ☐ Employment Physical _____
- ☐ Other _____

☒ I Give Authorization to Treat Injury and/or Provide Employer Services



Employer Signature

www.cupertino-med.com



Cupertino Med
10050 Bubb Road, #3
Cupertino, CA 95014
408-996-8805
408-996-8015 Fax

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